

Case Number:	CM15-0071551		
Date Assigned:	04/21/2015	Date of Injury:	10/22/2012
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, California

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53 year old male, who sustained an industrial injury on 10/22/2012. Diagnoses include lumbar disc displacement without myelopathy, lumbosacral spondylosis without myelopathy, post laminectomy syndrome of lumbar region and sciatica. Treatment to date has included diagnostics, medications, physical therapy, acupuncture, injections, ice and heat application, psychotherapy and home exercise. Per the Primary Treating Physician's Progress Report dated 3/11/2015, the injured worker reported lower back pain rated as 3/10 with radiation to the bilateral thighs, legs and feet. Pain has remained unchanged since the last visit. Physical examination of the lumbar spine revealed restricted range of motion limited by pain upon flexion and extension. There was tenderness of the paravertebral muscles on the left side and spinous process tenderness at L4 and L5. Lumbar facet loading was positive on the left side. Straight leg raise test was positive on both sides at 90 degrees in the sitting position. The plan of care included medications and authorization was requested for Lexapro and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lexapro 20mg, 1 tablet per mouth every morning, Qty: 30 Refill: unspecified: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Mental antidepressants and pg 17.

Decision rationale: Lexapro is an SNRI antidepressant indicated for major depression. In this case, the claimant was under the care of a psychiatrist. In addition, the claimant had major depression and gained benefit from the use of Lexapro. However, in this case, the quantity or anticipated follow-up to monitor response to medications was not provided. As a result, the Lexapro as requested is not substantiated and is not medically necessary.

Norco 5/325mg, 1/2 tablet per mouth, every 4 hours as needed Qty: 60 Refill: unspecified:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12 ed. McGraw Hill, 2010. Physician's Desk Reference, 68th ed www.RxList.com. ODG Workers Compensation Drug Formulary www.odg-twc.com odgtwc/formulary.htm - drugs.com Epocrates Online, www.online.epocrates.com, Monthly Prescribing Reference, www.empr.com, Opioid Dose Calculator - AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for a several months with increasing pain levels indicating increased tolerance. There was no mention of Tylenol or Tricyclic failure. Continued use of Norco is not medically necessary.